

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).  
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE  
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
(42 USC 1395g).

WORKSHEET S  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH  
CARE COMPLEX  
COST REPORT CERTIFICATION  
AND SETTLEMENT SUMMARY

I  
I  
I  
I

PROVIDER NO:  
15-1300

PERIOD  
FROM 5/ 1/2006  
TO 4/30/2007

I INTERMEDIARY USE ONLY  
I --AUDITED --DESK REVIEW  
I --INITIAL --REOPENED  
I --FINAL 1-MCR CODE  
I 00 - # OF REOPENINGS

DATE RECEIVED:  
/ /  
INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT

DATE: 9/25/2007 TIME 17:12

## PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY  
CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE,  
IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR  
INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES  
AND/OR IMPRISONMENT MAY RESULT.

## CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR  
MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
COMMUNITY HOSPITAL OF BREMEN 15-1300  
FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2006 AND ENDING 4/30/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND  
BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE  
WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS  
REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN  
COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

*Scott R. Dayhill*  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

President / CEO

TITLE  
9-26-2007

DATE

ECR ENCRYPTION INFORMATION  
DATE: 9/25/2007 TIME 17:12

DjaDIChYpHUtqJcavph.Hmxwkog1v0  
JmdwZ0.in1LD1TYi:cb9nwa2u:cmNP  
Js9a0iUZ810pd8UA

PI ENCRYPTION INFORMATION  
DATE: 9/25/2007 TIME 17:12

H22Ggp8vvGwue239ahVzhd.4nwThr0  
OH7bu0SRlm2Sbtq1D8Hicb4DFsiInP  
wv:d7ng1yh054cXX

## PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL	0	188,141	-100,262	757,163	
3 SWING BED - SNF	0	117,818	0	0	
100 TOTAL	0	305,959	-100,262	757,163	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN	FOR COMMUNITY HOSPITAL OF BREMEN		IN LIEU OF FORM CMS-2552-96 (05/2007)		PREPARED 9/26/2007	
HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		I PROVIDER NO: 15-1300		I PERIOD: FROM 5/ 1/2006 TO 4/30/2007		I WORKSHEET S-2		
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS		P.O. BOX: 1506		COUNTY: MARSHALL				
1 STREET: 1020 HIGH RD		STATE: IN		ZIP CODE: 46506-				
1.01 CITY: BREMEN								

  

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;		PROVIDER NO.		NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
COMPONENT	COMPONENT NAME	2	2.01	3	4	V	XVIII	XIX
0	1	15-1300		7/ 1/1966	N	0	0	0
02.00 HOSPITAL	COMMUNITY HOSPITAL OF BREMEN	15-2300		5/ 1/1984	N	0	0	N
04.00 SWING BED - SNF	COMMUNITY HOSPITAL SWING BED							

  

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 5/ 1/2006	TO: 4/30/2007	1	2
18	TYPE OF CONTROL				
TYPE OF HOSPITAL/SUBPROVIDER				1	
19	HOSPITAL				
20	SUBPROVIDER				

  

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. Y

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE. / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH),ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. DATES. 0

26.01 SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.03 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 5/ 1/1984

		1	2	3	4
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	0	0.0000	0.0000	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	0		
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)					
28.03	STAFFING		%	Y/N	
28.04	RECRUITMENT		0.00%		
28.05	RETENTION		0.00%		
28.06	TRAINING		0.00%		
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	Y			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	N			
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N			
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N			
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N			
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
MISCELLANEOUS COST REPORT INFORMATION					
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N			
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N			
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N			
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?	N			

TITLE XIX INPATIENT SERVICES  
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y  
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N  
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?  
IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.  
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE N  
FI/CONTRACTOR NAME  
40.01 NAME: P.O. BOX: ZIP CODE: Y  
40.02 STREET: STATE: CITY: N  
40.03 CITY: N  
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? N  
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N 00/00/0000  
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT?  
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)  
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT.  
(SEE 42 CFR 413.13.)

	PART A 1	PART B 2	ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 5
47.00 HOSPITAL	N	N	N	N	N
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)					N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV					N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE					0
53.01 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. BEGINNING: / / ENDING: / /					
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 147,038 PAID LOSSES: 0 AND/OR SELF INSURANCE: 0					
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.					N
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.					
56.01 56.01 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.					
56.02 56.02 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.					
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?					N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.					N
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).					0
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)					N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)					N
60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).					0

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	25	9,125	23,640.00			651	144
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)						445	
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF						1,096	144
5 TOTAL ADULTS AND PEDS	25	9,125					
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY						1,096	144
12 TOTAL	25	9,125					
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
25 TOTAL	25						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			1,169				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)			445				
3 ADULTS & PED-SB SNF			56				
4 ADULTS & PED-SB NF			1,670				
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			150				
12 TOTAL			1,820				
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
25 TOTAL			211			211	
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					232	64	438
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY					232	64	438
12 TOTAL		110.81					
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
25 TOTAL		110.81					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES	6,130,415		6,130,415			
2 TOTAL SALARY						
3 NON-PHYSICIAN ANESTHETIST						
4 PART A						
5 NON-PHYSICIAN ANESTHETIST						
6 PART B						
7 PHYSICIAN - PART A						
8 4.01 TEACHING PHYSICIAN SALARIES						
9 (SEE INSTRUCTIONS)						
10 PHYSICIAN - PART B						
11 5.01 NON-PHYSICIAN - PART B						
12 6 INTERNS & RESIDENTS (APPRVD)						
13 6.01 CONTRACT SERVICES, I&R						
14 7 HOME OFFICE PERSONNEL						
15 8 SNF						
16 8.01 EXCLUDED AREA SALARIES	84,863		84,863			
17 OTHER WAGES & RELATED COSTS						
18 9 CONTRACT LABOR:						
19 9.01 PHARMACY SERVICES UNDER						
20 CONTRACT						
21 9.02 LABORATORY SERVICES UNDER						
22 CONTRACT						
23 9.03 MANAGEMENT & ADMINISTRATIVE						
24 UNDER CONTRACT						
25 10 CONTRACT LABOR: PHYS PART A						
26 10.01 TEACHING PHYSICIAN UNDER						
27 CONTRACT (SEE INSTRUCTIONS)						
28 11 HOME OFFICE SALARIES & WAGE						
29 RELATED COSTS						
30 12 HOME OFFICE: PHYS PART A						
31 12.01 TEACHING PHYSICIAN SALARIES						
32 (SEE INSTRUCTIONS)						
33 WAGE RELATED COSTS						CMS 339
34 13 WAGE-RELATED COSTS (CORE)						CMS 339
35 14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS						CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
19 18.01 PART A TEACHING PHYSICIANS						CMS 339
20 PHYSICIAN PART B						CMS 339
21 19.01 WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
22 20 INTERNS & RESIDENTS (APPRVD)						CMS 339
23 OVERHEAD COSTS - DIRECT SALARIES	59,741		59,741			
24 EMPLOYEE BENEFITS	795,692		795,692			
25 22 ADMINISTRATIVE & GENERAL						
26 22.01 A & G UNDER CONTRACT						
27 23 MAINTENANCE & REPAIRS	167,296		167,296			
28 24 OPERATION OF PLANT						
29 25 LAUNDRY & LINEN SERVICE	151,548		151,548			
30 26 HOUSEKEEPING						
31 26.01 HOUSEKEEPING UNDER CONTRACT	177,770	-95,189	82,581			
32 27 DIETARY						
33 27.01 DIETARY UNDER CONTRACT		95,189	95,189			
34 28 CAFETERIA						
35 29 MAINTENANCE OF PERSONNEL	285,798		285,798			
30 30 NURSING ADMINISTRATION						
31 31 CENTRAL SERVICE AND SUPPLY						
32 32 PHARMACY	156,425		156,425			
33 33 MEDICAL RECORDS & MEDICAL						
34 RECORDS LIBRARY						
35 34 SOCIAL SERVICE						
36 35 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	6,130,415	6,130,415
2 EXCLUDED AREA SALARIES	84,863	84,863
3 SUBTOTAL SALARIES	6,045,552	6,045,552
4 SUBTOTAL OTHER WAGES & RELATED COSTS		
5 SUBTOTAL WAGE-RELATED COSTS	6,045,552	6,045,552
6 TOTAL		
7 NET SALARIES		
8 EXCLUDED AREA SALARIES		
9 SUBTOTAL SALARIES		
10 SUBTOTAL OTHER WAGES & RELATED COSTS		
11 SUBTOTAL WAGE-RELATED COSTS		
12 TOTAL	1,794,270	1,794,270
13 TOTAL OVERHEAD COSTS		

HEALTH FINANCIAL SYSTEMS			MCRS/PC-WIN		FOR COMMUNITY HOSPITAL		OF BREMEN		IN LIEU OF FORM		CMS-2552-96(9/1996)	
							I PROVIDER NO:		I PERIOD:		I PREPARED	
							I 15-1300		I FROM 5/ 1/2006		I 9/26/2007	
							I		I TO 4/30/2007		I WORKSHEET A	
									</			

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
1	0100	GENERAL SERVICE COST CNTR		
2	0200	OLD CAP REL COSTS-BLDG & FIXT	-25,781	889,216
3	0300	OLD CAP REL COSTS-MVBLE EQUIP		
4	0400	NEW CAP REL COSTS-BLDG & FIXT		1,438,419
5	0500	NEW CAP REL COSTS-MVBLE EQUIP	-105,703	2,385,669
6	0600	EMPLOYEE BENEFITS	-120	505,514
8	0800	ADMINISTRATIVE & GENERAL		69,350
9	0900	OPERATION OF PLANT		171,071
10	1000	LAUNDRY & LINEN SERVICE	-5,106	115,929
11	1100	HOUSEKEEPING	-117,842	21,672
12	1200	DIETARY		299,803
14	1400	CAFETERIA	-1,410	177,116
17	1700	NURSING ADMINISTRATION		
25	2500	MEDICAL RECORDS & LIBRARY		
26	2600	INPAT ROUTINE SRVC CNTRS		834,250
27	2700	ADULTS & PEDIATRICS		
28	2800	INTENSIVE CARE UNIT		
29	2900	CORONARY CARE UNIT		
33	3300	BURN INTENSIVE CARE UNIT		2,563
37	3700	SURGICAL INTENSIVE CARE UNIT		
39	3900	NURSERY	-173,323	1,020,625
41	4100	ANCILLARY SRVC COST CNTRS		3,335
44	4400	OPERATING ROOM	-460	1,054,907
49	4900	DELIVERY ROOM & LABOR ROOM		894,736
50	5000	RADIOLOGY-DIAGNOSTIC		13,522
53	5300	LABORATORY		246,258
53.01	3950	RESPIRATORY THERAPY		60,364
53.02	3951	PHYSICAL THERAPY		48,128
55	5500	ELECTROCARDIOLOGY		34,500
56	5600	CARDIAC REHAB	-6,723	406,614
60	6000	SLEEP LAB		335,868
61	6100	MEDICAL SUPPLIES CHARGED TO PATIENTS		
62	6200	DRUGS CHARGED TO PATIENTS		
65	6500	OUTPAT SERVICE COST CNTRS		105,657
71	7100	CLINIC	-403,295	860,621
86	8600	EMERGENCY		
88	8800	OBSERVATION BEDS (NON-DISTINCT PART)		
90	9000	OTHER REIMBURS COST CNTRS		
95		AMBULANCE SERVICES		
96	9600	HOME HEALTH AGENCY		
98	9800	SPEC PURPOSE COST CENTERS		
101.		OTHER ORGAN ACQUISITION		-0-
		INTEREST EXPENSE		-0-
		OTHER CAPITAL RELATED COSTS	-839,763	11,995,707
		SUBTOTALS		
		NONREIMBURS COST CENTERS		150,482
		GIFT, FLOWER, COFFEE SHOP & CANTEEN		12,146,189
		PHYSICIANS' PRIVATE OFFICES		
		TOTAL		



LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST	0100	
1	OLD CAP REL COSTS-BLDG & FIXT	0200	
2	OLD CAP REL COSTS-MVBLE EQUIP	0300	
3	NEW CAP REL COSTS-BLDG & FIXT	0400	
4	NEW CAP REL COSTS-MVBLE EQUIP	0500	
5	EMPLOYEE BENEFITS	0600	
6	ADMINISTRATIVE & GENERAL	0800	
8	OPERATION OF PLANT	0900	
9	LAUNDRY & LINEN SERVICE	1000	
10	HOUSEKEEPING	1100	
11	DIETARY	1200	
12	CAFETERIA	1400	
14	NURSING ADMINISTRATION	1700	
17	MEDICAL RECORDS & LIBRARY		
	INPAT ROUTINE SRVC C	2500	
25	ADULTS & PEDIATRICS	2600	
26	INTENSIVE CARE UNIT	2700	
27	CORONARY CARE UNIT	2800	
28	BURN INTENSIVE CARE UNIT	2900	
29	SURGICAL INTENSIVE CARE UNIT	3300	
33	NURSERY		
	ANCILLARY SRVC COST	3700	
37	OPERATING ROOM	3900	
39	DELIVERY ROOM & LABOR ROOM	4100	
41	RADIOLOGY-DIAGNOSTIC	4400	
44	LABORATORY	4900	
49	RESPIRATORY THERAPY	5000	
50	PHYSICAL THERAPY	5300	
53	ELECTROCARDIOLOGY	3950	OTHER ANCILLARY SERVICE COST CENTERS
53.01	CARDIAC REHAB	3951	OTHER ANCILLARY SERVICE COST CENTERS
53.02	SLEEP LAB	5500	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5600	
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST	6000	
60	CLINIC	6100	
61	EMERGENCY	6200	
62	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST	6500	
65	AMBULANCE SERVICES	7100	
71	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CE	8600	
86	OTHER ORGAN ACQUISITION	8800	
88	INTEREST EXPENSE	9000	
90	OTHER CAPITAL RELATED COSTS	0000	
95	SUBTOTALS		
	NONREIMBURS COST CEN	9600	
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9800	
98	PHYSICIANS' PRIVATE OFFICES	0000	
101.	TOTAL		



## RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 UNASSIGNED COSTS	A	ADMINISTRATIVE & GENERAL	6			253,508	
2		ADMINISTRATIVE & GENERAL	6			1,347,224	
3		ADMINISTRATIVE & GENERAL	6			914,997	9
4 CAFETERIA COSTS	B	DIETARY	11		95,189	44,325	
5 NURSING COSTS	C	ADULTS & PEDIATRICS	25		1,958	1,377	
6		ADULTS & PEDIATRICS	25		1,505	1,058	
7 MEDICAL SUPPLIES	D	ADULTS & PEDIATRICS	25			2,293	
8		OPERATING ROOM	37			244,225	
9		RADIOLOGY-DIAGNOSTIC	41			10,596	
10		LABORATORY	44			478	
11		PHYSICAL THERAPY	50			2,982	
12		EMERGENCY	61			4,758	
13		CLINIC	60			466	
14 YELLOW PAGES	E	PHYSICIANS' PRIVATE OFFICES	98			2,676	
36 TOTAL RECLASSIFICATIONS					98,652	2,830,963	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASS CODE: A  
EXPLANATION : UNASSIGNED COSTS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	OPERATION OF PLANT	253,508	6	ADMINISTRATIVE & GENERAL	253,508
2.00	EMPLOYEE BENEFITS	1,347,224	6	ADMINISTRATIVE & GENERAL	1,347,224
3.00	NEW CAP REL COSTS-BLDG & FIXT	914,997	6	ADMINISTRATIVE & GENERAL	914,997
TOTAL RECLASSIFICATIONS FOR CODE A		2,515,729			2,515,729

RECLASS CODE: B  
EXPLANATION : CAFETERIA COSTS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	139,514	11	DIETARY	139,514
TOTAL RECLASSIFICATIONS FOR CODE B		139,514			

RECLASS CODE: C  
EXPLANATION : NURSING COSTS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	3,335	25	ADULTS & PEDIATRICS	3,335
2.00	NURSERY	2,563	25	ADULTS & PEDIATRICS	2,563
TOTAL RECLASSIFICATIONS FOR CODE C		5,898			5,898

RECLASS CODE: D  
EXPLANATION : MEDICAL SUPPLIES

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	265,798	25	ADULTS & PEDIATRICS	2,293
2.00		0	37	OPERATING ROOM	244,225
3.00		0	41	RADIOLOGY-DIAGNOSTIC	10,596
4.00		0	44	LABORATORY	478
5.00		0	50	PHYSICAL THERAPY	2,982
6.00		0	61	EMERGENCY	4,758
7.00		0	60	CLINIC	466
TOTAL RECLASSIFICATIONS FOR CODE D		265,798			265,798

RECLASS CODE: E  
EXPLANATION : YELLOW PAGES

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	2,676	98	PHYSICIANS' PRIVATE OFFICES	2,676
TOTAL RECLASSIFICATIONS FOR CODE E		2,676			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	324,726					324,726	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	16,435,895	136,915		136,915		16,572,810	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT		61,907		61,907	120,239	4,456,328	
6 MOVABLE EQUIPMENT	4,514,660	198,822		198,822	120,239	21,353,864	
7 SUBTOTAL	21,275,281						
8 RECONCILING ITEMS		198,822		198,822	120,239	21,353,864	
9 TOTAL	21,275,281						

PART III - RECONCILIATION OF CAPITAL COST CENTERS					COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
DESCRIPTION					GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
					1	2	3	4	5	6	7	8
*												
1	OLD CAP REL COSTS-BL											
2	OLD CAP REL COSTS-MV						16,572,810	.788088				
3	NEW CAP REL COSTS-BL				16,572,810		4,456,328	.211912				
4	NEW CAP REL COSTS-MV				4,456,328		21,029,138	1.000000				
5	TOTAL				21,029,138							

					SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL		TOTAL (1)
DESCRIPTION					DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	RELATED COST		
					9	10	11	12	13	14		15
*												
1	OLD CAP REL COSTS-BL											889,216
2	OLD CAP REL COSTS-MV											
3	NEW CAP REL COSTS-BL				889,216							889,216
4	NEW CAP REL COSTS-MV											
5	TOTAL				889,216							

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4					SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL		TOTAL (1)
DESCRIPTION					DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	RELATED COST		
					9	10	11	12	13	14		15
*												
1	OLD CAP REL COSTS-BL											
2	OLD CAP REL COSTS-MV											
3	NEW CAP REL COSTS-BL											
4	NEW CAP REL COSTS-MV											
5	TOTAL											

(1) All lines numbers except line 5 are to be consistent with workhseet A line numbers for capital cost centers.  
The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.  
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-36,458	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-16,491	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES	B	-120	OPERATION OF PLANT	8	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT	A-8-2	-576,618			
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	B	-460	RADIOLOGY-DIAGNOSTIC	41	
13 SALE OF SCRAP, WASTE, ETC.	A-8-1				
14 RELATED ORGANIZATION TRANSACTIONS					
15 LAUNDRY AND LINEN SERVICE	B	-117,842	CAFETERIA	12	
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS	B	-6,723	MEDICAL SUPPLIES CHARGED	55	
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-1,410	MEDICAL RECORDS & LIBRARY	17	
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-5,591	ADMINISTRATIVE & GENERAL	6	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3				
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY			**COST CENTER DELETED**	89	
28 UTILIZATION REVIEW-PHYSIAN COMP			OLD CAP REL COSTS-BLDG &	1	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-MVBLE E	2	
30 DEPRECIATION-OLD MOVABLE EQUIP			NEW CAP REL COSTS-BLDG &	3	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	-25,781	NEW CAP REL COSTS-MVBLE E	4	9
32 DEPRECIATION-NEW MOVABLE EQUIP			**COST CENTER DELETED**	20	
33 NON-PHYSICIAN ANESTHETIST					
34 PHYSICIANS' ASSISTANT			**COST CENTER DELETED**	51	
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	52	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4				
37					
38 ADVERTISING	A	-24	ADMINISTRATIVE & GENERAL	6	
39 AHA DUES/LOBBYING	A	-1,137	ADMINISTRATIVE & GENERAL	6	
40 INVOICE PENALTIES	A	-11,820	ADMINISTRATIVE & GENERAL	6	
41 PRIMARY CARE PHYSICIAN RECRUITING	A	-34,182	ADMINISTRATIVE & GENERAL	6	
42 MEALS ON WHEELS	B	-5,106	DIETARY	11	
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-839,763			

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-I.  
 (2) Basis for adjustment (see instructions).  
 A. Costs - if cost, including applicable overhead, can be determined.  
 B. Amount Received - if cost cannot be determined.  
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.  
 Note: See instructions for column 5 referencing to worksheet A-7

WKSHT A LINE NO.	1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	44	AGGREGATE	12,800		12,800				
2	53	AGGREGATE	59,150		59,150				
3	61	AGGREGATE	879,980	403,295	476,685				
4	37	AGGREGATE	173,323	173,323					
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	1,125,253	576,618	548,635				



	WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
	10	11	12	13	14	15	16	17	18
1	44	AGGREGATE							
2	53	AGGREGATE							403,295
3	61	AGGREGATE							173,323
4	37	AGGREGATE							
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL							576,618

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST	1	SQUARE	FEET	ENTERED
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	GROSS	SALA RIE	ENTERED
5	EMPLOYEE BENEFITS	-3	ACCUM.	COST	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	5	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	6	POUNDS	OF LAUNDRY	ENTERED
9	LAUNDRY & LINEN SERVICE	5	SQUARE	FEET	ENTERED
10	HOUSEKEEPING	7	MEALS	SERVED	ENTERED
11	DIETARY	8	NUMBER	OF FTES	ENTERED
12	CAFETERIA	10	DIRECT	NRSING HRS	ENTERED
14	NURSING ADMINISTRATION	13	PATIENT	REVENUES	ENTERED
17	MEDICAL RECORDS & LIBRARY				

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
		0	1	2	3	4	5	5a.00
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &	889,216			889,216			
005	NEW CAP REL COSTS-MVBLE E						1,441,871	
006	EMPLOYEE BENEFITS	1,438,419			3,452		188,990	2,692,954
008	ADMINISTRATIVE & GENERAL	2,385,669			118,295		39,735	634,173
009	OPERATION OF PLANT	505,514			88,924			73,561
010	LAUNDRY & LINEN SERVICE	69,350			4,211		35,995	214,755
011	HOUSEKEEPING	171,071			7,689		19,614	158,559
012	DIETARY	115,929			23,016		22,609	55,841
013	CAFETERIA	21,672			11,560		67,881	373,203
014	NURSING ADMINISTRATION	299,803			5,519		37,153	222,324
015	MEDICAL RECORDS & LIBRARY	177,116			8,055			
016	INPAT ROUTINE SRVC CNTRS							
017	ADULTS & PEDIATRICS	834,250			246,792		178,077	1,259,119
025	INTENSIVE CARE UNIT							
026	CORONARY CARE UNIT							
027	BURN INTENSIVE CARE UNIT						357	5,980
028	SURGICAL INTENSIVE CARE U				3,060			
029	NURSERY	2,563						
033	ANCILLARY SRVC COST CNTRS				111,365		176,255	1,308,245
037	OPERATING ROOM	1,020,625			12,083		465	15,883
039	DELIVERY ROOM & LABOR ROO	3,335			43,834		107,993	1,206,734
041	RADIOLOGY-DIAGNOSTIC	1,054,907			21,054		82,442	998,232
044	LABORATORY	894,736			1,883			15,405
049	RESPIRATORY THERAPY	13,522			33,556		56,924	336,738
050	PHYSICAL THERAPY	246,258			3,766			64,130
053	ELECTROCARDIOLOGY	60,364			2,145		10,519	61,812
053	01 CARDIAC REHAB	48,128			3,165			36,645
053	02 SLEEP LAB	34,500			16,242		32,441	455,297
055	MEDICAL SUPPLIES CHARGED	406,614			11,534		36,781	384,183
056	DRUGS CHARGED TO PATIENTS	335,868						
060	OUTPAT SERVICE COST CNTRS				6,931		22,456	135,044
061	CLINIC	105,657			98,627		174,026	1,133,274
062	EMERGENCY	860,621						
065	OBSERVATION BEDS (NON-DIS							
071	OTHER REIMBURS COST CNTRS							
071	AMBULANCE SERVICES							
086	HOME HEALTH AGENCY							
095	SPEC PURPOSE COST CENTERS				886,758		1,290,713	11,842,091
095	OTHER ORGAN ACQUISITION	11,995,707						
096	SUBTOTALS							
098	NONREIMBURS COST CENTERS				2,458		151,158	2,458
101	GIFT, FLOWER, COFFEE SHOP	150,482						301,640
102	PHYSICIANS' PRIVATE OFFIC							
103	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER				889,216		1,441,871	12,146,189
103	TOTAL	12,146,189						

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN		FOR COMMUNITY HOSPITAL OF BREMEN		IN LIEU OF FORM CMS-2552-96(9/1997) CONTD		PREPARED 9/26/2007	
COST ALLOCATION - GENERAL SERVICE COSTS		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I		I	
		I		I		I			

COST CENTER DESCRIPTION		MEDICAL RECOR DS & LIBRARY	SUBTOTAL	T&R COST POST STEP- DOWN ADJ 26	TOTAL
		17	25		27
	GENERAL SERVICE COST CNTR				
001	OLD CAP REL COSTS-BLDG &				
002	OLD CAP REL COSTS-MVBLE E				
003	NEW CAP REL COSTS-BLDG &				
004	NEW CAP REL COSTS-MVBLE E				
005	EMPLOYEE BENEFITS				
006	ADMINISTRATIVE & GENERAL				
008	OPERATION OF PLANT				
009	LAUNDRY & LINEN SERVICE				
010	HOUSEKEEPING				
011	DIETARY				
012	CAFETERIA				
014	NURSING ADMINISTRATION	304,158			
017	MEDICAL RECORDS & LIBRARY				
	INPAT ROUTINE SRVC CNTRS		2,557,492		2,557,492
025	ADULTS & PEDIATRICS	28,660			
026	INTENSIVE CARE UNIT				
027	CORONARY CARE UNIT				
028	BURN INTENSIVE CARE UNIT				
029	SURGICAL INTENSIVE CARE U				22,054
033	NURSERY	1,498	22,054		
	ANCILLARY SRVC COST CNTRS				2,082,924
037	OPERATING ROOM	46,209	2,082,924		
039	DELIVERY ROOM & LABOR ROO	1,605	46,883		46,883
041	RADIOLOGY-DIAGNOSTIC	74,517	1,708,014		1,708,014
044	LABORATORY	68,192	1,396,156		1,396,156
049	RESPIRATORY THERAPY	5,674	28,965		28,965
050	PHYSICAL THERAPY	16,383	509,988		509,988
053	ELECTROCARDIOLOGY	8,028	96,572		96,572
053	01 CARDIAC REHAB	1,168	99,440		99,440
053	02 SLEEP LAB	3,075	53,658		53,658
055	MEDICAL SUPPLIES CHARGED	8,914	623,992		623,992
056	DRUGS CHARGED TO PATIENTS	20,883	535,202		535,202
	OUTPAT SERVICE COST CNTRS				185,434
060	CLINIC	611	185,434		
061	EMERGENCY	18,741	1,798,176		1,798,176
062	OBSERVATION BEDS (NON-DIS				
	OTHER REIMBURS COST CNTRS				
065	AMBULANCE SERVICES				
071	HOME HEALTH AGENCY				
	SPEC PURPOSE COST CENTERS				
086	OTHER ORGAN ACQUISITION	304,158	11,744,950		11,744,950
095	SUBTOTALS				
	NONREIMBURS COST CENTERS		7,169		7,169
096	GIFT, FLOWER, COFFEE SHOP		394,070		394,070
098	PHYSICIANS' PRIVATE OFFIC				
101	CROSS FOOT ADJUSTMENT				
102	NEGATIVE COST CENTER				
103	TOTAL	304,158	12,146,189		12,146,189

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &				3,452		3,452	3,452
005 NEW CAP REL COSTS-MVBLE E				118,295		118,295	450
006 EMPLOYEE BENEFITS				88,924		88,924	95
008 ADMINISTRATIVE & GENERAL				4,211		4,211	
009 OPERATION OF PLANT				7,689		7,689	86
010 LAUNDRY & LINEN SERVICE				23,016		23,016	47
011 HOUSEKEEPING				11,560		11,560	54
012 DIETARY				5,519		5,519	163
014 CAFETERIA				8,055		8,055	89
017 NURSING ADMINISTRATION							
025 MEDICAL RECORDS & LIBRARY							
026 INPAT ROUTINE SRVC CNTRS				246,792		246,792	427
027 ADULTS & PEDIATRICS							
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
033 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U				3,060		3,060	1
037 NURSERY							
039 ANCILLARY SRVC COST CNTRS				111,365		111,365	422
041 OPERATING ROOM				12,083		12,083	1
044 DELIVERY ROOM & LABOR ROO				43,834		43,834	259
049 RADIOLOGY-DIAGNOSTIC				21,054		21,054	198
053 LABORATORY				1,883		1,883	
055 RESPIRATORY THERAPY				33,556		33,556	136
056 PHYSICAL THERAPY				3,766		3,766	
053 ELECTROCARDIOLOGY				3,165		3,165	25
053 01 CARDIAC REHAB				2,145		2,145	
053 02 SLEEP LAB				16,242		16,242	78
055 MEDICAL SUPPLIES CHARGED				11,534		11,534	88
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS				6,931		6,931	54
061 CLINIC				98,627		98,627	417
062 EMERGENCY							
065 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
086 AMBULANCE SERVICES							
095 HOME HEALTH AGENCY							
096 SPEC PURPOSE COST CENTERS				886,758		886,758	3,090
098 OTHER ORGAN ACQUISITION							
101 SUBTOTALS						2,458	
102 NONREIMBURS COST CENTERS				2,458			362
103 GIFT, FLOWER, COFFEE SHOP							
101 PHYSICIANS' PRIVATE OFFIC							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER				889,216		889,216	3,452
103 TOTAL							

## ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	118,745						
009 OPERATION OF PLANT	7,966	96,985					
010 LAUNDRY & LINEN SERVICE	924	602	5,737				
011 HOUSEKEEPING	2,698	1,099	116	11,688			
012 DIETARY	1,992	3,290	41	404	28,790	14,187	
014 CAFETERIA	701	1,652	17	203		877	12,133
017 NURSING ADMINISTRATION	4,688	789		97		836	
025 MEDICAL RECORDS & LIBRARY	2,793	1,151		141			
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	15,816	35,276	3,726	4,325	28,790	2,359	4,581
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
033 BURN INTENSIVE CARE UNIT							
037 SURGICAL INTENSIVE CARE U	75	437	335	54		24	47
039 NURSERY							
041 ANCILLARY SRVC COST CNTRS						1,953	3,792
044 OPERATING ROOM	16,433	15,917	410	1,953		32	61
049 DELIVERY ROOM & LABOR ROO	200	1,727	141	212		769	
053 RADIOLOGY-DIAGNOSTIC	15,158	6,265		769		1,791	
055 LABORATORY	12,539	3,009		369		1,719	
056 RESPIRATORY THERAPY	194	269	25	33			
060 PHYSICAL THERAPY	4,230	4,796	43	588		849	
062 ELECTROCARDIOLOGY	806	538		66		160	311
065 01 CARDIAC REHAB	776	452		55			
068 02 SLEEP LAB	460	307		38			
071 MEDICAL SUPPLIES CHARGED	5,719	2,321		285		559	
086 DRUGS CHARGED TO PATIENTS	4,826	1,649		202		292	
095 OUTPAT SERVICE COST CNTRS							
101 CLINIC	1,696	991		122		1,721	3,341
102 EMERGENCY	14,235	14,097	883	1,729			
103 OBSERVATION BEDS (NON-DIS							
105 OTHER REIMBURS COST CNTRS							
108 AMBULANCE SERVICES							
111 HOME HEALTH AGENCY							
114 SPEC PURPOSE COST CENTERS							
117 OTHER ORGAN ACQUISITION							
120 SUBTOTALS	114,925	96,634	5,737	11,645	28,790	13,172	12,133
123 NONREIMBURS COST CENTERS							
126 GIFT, FLOWER, COFFEE SHOP	31	351		43		1,015	
129 PHYSICIANS' PRIVATE OFFIC	3,789						
132 CROSS FOOT ADJUSTMENTS							
135 NEGATIVE COST CENTER							
138 TOTAL	118,745	96,985	5,737	11,688	28,790	14,187	12,133

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		17	25	26	27
001	GENERAL SERVICE COST CNTR				
002	OLD CAP REL COSTS-BLDG &				
003	OLD CAP REL COSTS-MVBLE E				
004	NEW CAP REL COSTS-BLDG &				
005	NEW CAP REL COSTS-MVBLE E				
006	EMPLOYEE BENEFITS				
008	ADMINISTRATIVE & GENERAL				
009	OPERATION OF PLANT				
010	LAUNDRY & LINEN SERVICE				
011	HOUSEKEEPING				
012	DIETARY				
014	CAFETERIA				
017	NURSING ADMINISTRATION	13,065			
	MEDICAL RECORDS & LIBRARY				343,323
025	INPAT ROUTINE SRVC CNTRS	1,231	343,323		
026	ADULTS & PEDIATRICS				
027	INTENSIVE CARE UNIT				
028	CORONARY CARE UNIT				
029	BURN INTENSIVE CARE UNIT				4,097
033	SURGICAL INTENSIVE CARE U	64	4,097		
	NURSERY				154,229
037	ANCILLARY SRVC COST CNTRS	1,984	154,229		
039	OPERATING ROOM	69	14,526		14,526
041	DELIVERY ROOM & LABOR ROO	3,204	71,280		71,280
044	RADIOLOGY-DIAGNOSTIC	2,928	41,816		41,816
049	LABORATORY	244	2,648		2,648
050	RESPIRATORY THERAPY	703	44,901		44,901
053	PHYSICAL THERAPY	345	5,521		5,521
053	ELECTROCARDIOLOGY	50	4,994		4,994
053	01 CARDIAC REHAB	132	3,082		3,082
053	02 SLEEP LAB	383	25,587		25,587
055	MEDICAL SUPPLIES CHARGED	897	19,488		19,488
056	DRUGS CHARGED TO PATIENTS				9,820
060	OUTPAT SERVICE COST CNTRS	26	9,820		
061	CLINIC	805	135,855		135,855
062	EMERGENCY				
065	OBSERVATION BEDS (NON-DIS				
071	OTHER REIMBURS COST CNTRS				
	AMBULANCE SERVICES				
	HOME HEALTH AGENCY				
086	SPEC PURPOSE COST CENTERS				881,167
095	OTHER ORGAN ACQUISITION	13,065	881,167		
	SUBTOTALS				2,883
096	NONREIMBURS COST CENTERS		2,883		
098	GIFT, FLOWER, COFFEE SHOP		5,166		5,166
101	PHYSICIANS' PRIVATE OFFIC				
102	CROSS FOOT ADJUSTMENTS				
103	NEGATIVE COST CENTER	13,065	889,216		889,216
	TOTAL				



COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	RECONCIL- IATION
	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(GROSS SALA	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST CNTR	33,999					
002 OLD CAP REL COSTS-BLDG &		33,999				
003 OLD CAP REL COSTS-MVBLE E			33,999			
004 NEW CAP REL COSTS-BLDG &				33,999		
005 NEW CAP REL COSTS-MVBLE E	132	132	132	132	6,070,675	
006 EMPLOYEE BENEFITS	4,523	4,523	4,523	4,523	795,692	-2,692,954
008 ADMINISTRATIVE & GENERAL	3,400	3,400	3,400	3,400	167,296	
009 OPERATION OF PLANT	161	161	161	161		
010 LAUNDRY & LINEN SERVICE	294	294	294	294	151,548	
011 HOUSEKEEPING	880	880	880	880	82,581	
012 DIETARY	442	442	442	442	95,189	
014 CAFETERIA	211	211	211	211	285,798	
017 NURSING ADMINISTRATION	308	308	308	308	156,425	
025 MEDICAL RECORDS & LIBRARY						
026 INPAT ROUTINE SRVC CNTRS	9,436	9,436	9,436	9,436	749,754	
027 ADULTS & PEDIATRICS						
028 INTENSIVE CARE UNIT						
029 CORONARY CARE UNIT						
033 BURN INTENSIVE CARE UNIT						
037 SURGICAL INTENSIVE CARE U	117	117	117	117	1,505	
039 NURSERY						
041 ANCILLARY SRVC COST CNTRS	4,258	4,258	4,258	4,258	742,083	
044 OPERATING ROOM	462	462	462	462	1,958	
049 DELIVERY ROOM & LABOR ROO	1,676	1,676	1,676	1,676	454,682	
053 RADIOLOGY-DIAGNOSTIC	805	805	805	805	347,104	
055 LABORATORY	72	72	72	72		
056 RESPIRATORY THERAPY	1,283	1,283	1,283	1,283	239,666	
053 01 PHYSICAL THERAPY	144	144	144	144		
053 02 ELECTROCARDIOLOGY	121	121	121	121	44,290	
055 01 CARDIAC REHAB	82	82	82	82		
055 02 SLEEP LAB	621	621	621	621	136,587	
056 MEDICAL SUPPLIES CHARGED	441	441	441	441	154,858	
060 DRUGS CHARGED TO PATIENTS						
061 OUTPAT SERVICE COST CNTRS	265	265	265	265	94,546	
062 CLINIC	3,771	3,771	3,771	3,771	732,696	
065 EMERGENCY						
071 OBSERVATION BEDS (NON-DIS						
086 OTHER REIMBURS COST CNTRS						
095 AMBULANCE SERVICES						
096 HOME HEALTH AGENCY						
098 SPEC PURPOSE COST CENTERS						
101 OTHER ORGAN ACQUISITION	33,905	33,905	33,905	33,905	5,434,258	-2,692,954
102 SUBTOTALS						
103 NONREIMBURS COST CENTERS	94	94	94	94	636,417	
104 GIFT, FLOWER, COFFEE SHOP						
105 PHYSICIANS' PRIVATE OFFIC						
106 CROSS FOOT ADJUSTMENT						
107 NEGATIVE COST CENTER			889,216		1,441,871	
108 COST TO BE ALLOCATED						
(WRKSHT B, PART I)			26.154181		.237514	
UNIT COST MULTIPLIER						
(WRKSHT B, PT I)						
COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
UNIT COST MULTIPLIER						
(WRKSHT B, PT II)					3,452	
COST TO BE ALLOCATED						
(WRKSHT B, PART III)					.000569	
UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

2552-96 v1700.099

COST CENTER  
 DESCRIPTION  
 MEDICAL RECOR  
 DS & LIBRARY  
 (PATIENT  
 REVENUES )

17

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	16,918,751
017	MEDICAL RECORDS & LIBRARY	
	INPAT ROUTINE SRVC CNTRS	1,594,151
025	ADULTS & PEDIATRICS	
026	INTENSIVE CARE UNIT	
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	83,327
033	NURSERY	
	ANCILLARY SRVC COST CNTRS	2,570,289
037	OPERATING ROOM	89,259
039	DELIVERY ROOM & LABOR ROO	4,145,375
041	RADIOLOGY-DIAGNOSTIC	3,793,055
044	LABORATORY	315,596
049	RESPIRATORY THERAPY	911,259
050	PHYSICAL THERAPY	446,568
053	ELECTROCARDIOLOGY	64,952
053	01 CARDIAC REHAB	171,029
053	02 SLEEP LAB	495,852
055	MEDICAL SUPPLIES CHARGED	1,161,602
056	DRUGS CHARGED TO PATIENTS	
	OUTPAT SERVICE COST CNTRS	33,971
060	CLINIC	1,042,466
061	EMERGENCY	
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	
071	HOME HEALTH AGENCY	
	SPEC PURPOSE COST CENTERS	
086	OTHER ORGAN ACQUISITION	16,918,751
095	SUBTOTALS	
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	
098	PHYSICIANS' PRIVATE OFFIC	
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	304,158
103	COST TO BE ALLOCATED	
	(PER WRKSHT B, PART I)	
104	UNIT COST MULTIPLIER	.017978
	(WRKSHT B, PT I)	
105	COST TO BE ALLOCATED	
	(PER WRKSHT B, PART II)	
106	UNIT COST MULTIPLIER	13,065
	(WRKSHT B, PT II)	
107	COST TO BE ALLOCATED	
	(PER WRKSHT B, PART III)	
108	UNIT COST MULTIPLIER	.000772
	(WRKSHT B, PT III)	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS	2,557,492		2,557,492		
26	ADULTS & PEDIATRICS					
27	INTENSIVE CARE UNIT					
28	CORONARY CARE UNIT					
29	BURN INTENSIVE CARE UNIT					
33	SURGICAL INTENSIVE CARE U NURSERY	22,054		22,054		
37	ANCILLARY SRVC COST CNTRS	2,082,924		2,082,924		
39	OPERATING ROOM	46,883		46,883		
41	DELIVERY ROOM & LABOR ROO	1,708,014		1,708,014		
44	RADIOLOGY-DIAGNOSTIC	1,396,156		1,396,156		
49	LABORATORY	28,965		28,965		
50	RESPIRATORY THERAPY	509,988		509,988		
53	PHYSICAL THERAPY	96,572		96,572		
53	ELECTROCARDIOLOGY	99,440		99,440		
53	01 CARDIAC REHAB	53,658		53,658		
53	02 SLEEP LAB	623,992		623,992		
55	MEDICAL SUPPLIES CHARGED	535,202		535,202		
56	DRUGS CHARGED TO PATIENTS					
60	OUTPAT SERVICE COST CNTRS	185,434		185,434		
61	CLINIC	1,798,176		1,798,176		
62	EMERGENCY	294,716		294,716		
65	OBSERVATION BEDS (NON-DIS					
101	OTHER REIMBURS COST CNTRS					
102	AMBULANCE SERVICES	12,039,666		12,039,666		
103	SUBTOTAL	294,716		294,716		
	LESS OBSERVATION BEDS	11,744,950		11,744,950		
	TOTAL					

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS	1,393,647		1,393,647			
26	ADULTS & PEDIATRICS						
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
33	SURGICAL INTENSIVE CARE U NURSERY	83,327		83,327			
37	ANCILLARY SRVC COST CNTRS						
39	OPERATING ROOM	411,261	2,159,029	2,570,290	.810385	.810385	
41	DELIVERY ROOM & LABOR ROO	87,876	1,382	89,258	.525253	.525253	
44	RADIOLOGY-DIAGNOSTIC	262,602	3,882,773	4,145,375	.412029	.412029	
49	LABORATORY	467,523	3,325,532	3,793,055	.368082	.368082	
50	RESPIRATORY THERAPY	251,870	63,726	315,596	.091779	.091779	
53	PHYSICAL THERAPY	181,678	729,581	911,259	.559652	.559652	
53	ELECTROCARDIOLOGY	76,054	370,515	446,569	.216253	.216253	
53	01 CARDIAC REHAB		64,952	64,952	1.530977	1.530977	
53	02 SLEEP LAB		171,029	171,029	.313736	.313736	
55	MEDICAL SUPPLIES CHARGED	70,582	425,270	495,852	1.258424	1.258424	
56	DRUGS CHARGED TO PATIENTS	532,643	628,958	1,161,601	.460745	.460745	
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC	85	33,886	33,971	5.458597	5.458597	
62	EMERGENCY	31,160	1,011,307	1,042,467	1.724924	1.724924	
65	OBSERVATION BEDS (NON-DIS	1,018	199,456	200,474	1.470096	1.470096	
101	OTHER REIMBURS COST CNTRS						
102	AMBULANCE SERVICES						
103	SUBTOTAL	3,851,326	13,067,396	16,918,722			
103	LESS OBSERVATION BEDS						
103	TOTAL	3,851,326	13,067,396	16,918,722			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS	2,557,492		2,557,492		
26	ADULTS & PEDIATRICS					
27	INTENSIVE CARE UNIT					
28	CORONARY CARE UNIT					
29	BURN INTENSIVE CARE UNIT					
33	SURGICAL INTENSIVE CARE U	22,054		22,054		
	NURSERY					
37	ANCILLARY SRVC COST CNTRS	2,082,924		2,082,924		
39	OPERATING ROOM	46,883		46,883		
41	DELIVERY ROOM & LABOR ROO	1,708,014		1,708,014		
44	RADIOLOGY-DIAGNOSTIC	1,396,156		1,396,156		
49	LABORATORY	28,965		28,965		
50	RESPIRATORY THERAPY	509,988		509,988		
53	PHYSICAL THERAPY	96,572		96,572		
53	ELECTROCARDIOLOGY	99,440		99,440		
53 01	CARDIAC REHAB	53,658		53,658		
53 02	SLEEP LAB	623,992		623,992		
55	MEDICAL SUPPLIES CHARGED	535,202		535,202		
56	DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS	185,434		185,434		
60	CLINIC	1,798,176		1,798,176		
61	EMERGENCY	294,716		294,716		
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	12,039,666		12,039,666		
101	SUBTOTAL	294,716		294,716		
102	LESS OBSERVATION BEDS	11,744,950		11,744,950		
103	TOTAL					

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS	1,393,647		1,393,647			
26	ADULTS & PEDIATRICS						
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
33	SURGICAL INTENSIVE CARE U	83,327		83,327			
	NURSERY						
37	ANCILLARY SRVC COST CNTRS	411,261	2,159,029	2,570,290	.810385	.810385	
39	OPERATING ROOM	87,876	1,382	89,258	.525253	.525253	
41	DELIVERY ROOM & LABOR ROO	262,602	3,882,773	4,145,375	.412029	.412029	
44	RADIOLOGY-DIAGNOSTIC	467,523	3,325,532	3,793,055	.368082	.368082	
49	LABORATORY	251,870	63,726	315,596	.091779	.091779	
50	RESPIRATORY THERAPY	181,678	729,581	911,259	.559652	.559652	
53	PHYSICAL THERAPY	76,054	370,515	446,569	.216253	.216253	
53	ELECTROCARDIOLOGY		64,952	64,952	1.530977	1.530977	
53	01 CARDIAC REHAB		171,029	171,029	.313736	.313736	
55	02 SLEEP LAB	70,582	425,270	495,852	1.258424	1.258424	
56	MEDICAL SUPPLIES CHARGED	532,643	628,958	1,161,601	.460745	.460745	
	DRUGS CHARGED TO PATIENTS						
60	OUTPAT SERVICE COST CNTRS	85	33,886	33,971	5.458597	5.458597	
61	CLINIC	31,160	1,011,307	1,042,467	1.724924	1.724924	
62	EMERGENCY	1,018	199,456	200,474	1.470096	1.470096	
	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	3,851,326	13,067,396	16,918,722			
101	SUBTOTAL						
102	LESS OBSERVATION BEDS	3,851,326	13,067,396	16,918,722			
103	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS	2,082,924	154,229	1,928,695			2,082,924
39	OPERATING ROOM	46,883	14,526	32,357			46,883
41	DELIVERY ROOM & LABOR ROO	1,708,014	71,280	1,636,734			1,708,014
44	RADIOLOGY-DIAGNOSTIC	1,396,156	41,816	1,354,340			1,396,156
49	LABORATORY	28,965	2,648	26,317			28,965
50	RESPIRATORY THERAPY	509,988	44,901	465,087			509,988
53	PHYSICAL THERAPY	96,572	5,521	91,051			96,572
53	ELECTROCARDIOLOGY	99,440	4,994	94,446			99,440
53	01 CARDIAC REHAB	53,658	3,082	50,576			53,658
53	02 SLEEP LAB	623,992	25,587	598,405			623,992
55	MEDICAL SUPPLIES CHARGED	535,202	19,488	515,714			535,202
56	DRUGS CHARGED TO PATIENTS						
60	OUTPAT SERVICE COST CNTRS	185,434	9,820	175,614			185,434
61	CLINIC	1,798,176	135,855	1,662,321			1,798,176
62	EMERGENCY	294,716		294,716			294,716
65	OBSERVATION BEDS (NON-DIS						
101	OTHER REIMBURS COST CNTRS						
102	AMBULANCE SERVICES	9,460,120	533,747	8,926,373			9,460,120
102	SUBTOTAL	294,716		294,716			294,716
103	LESS OBSERVATION BEDS	9,165,404	533,747	8,631,657			9,165,404
103	TOTAL						



WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS	2,570,290	.810385	.810385
39	OPERATING ROOM	89,258	.525253	.525253
41	DELIVERY ROOM & LABOR ROO	4,145,375	.412029	.412029
44	RADIOLOGY-DIAGNOSTIC	3,793,055	.368082	.368082
49	LABORATORY	315,596	.091779	.091779
50	RESPIRATORY THERAPY	911,259	.559652	.559652
53	PHYSICAL THERAPY	446,569	.216253	.216253
53	ELECTROCARDIOLOGY	64,952	1.530977	1.530977
53 01	CARDIAC REHAB	171,029	.313736	.313736
53 02	SLEEP LAB	495,852	1.258424	1.258424
55	MEDICAL SUPPLIES CHARGED	1,161,601	.460745	.460745
56	DRUGS CHARGED TO PATIENTS			
	OUTPAT SERVICE COST CNTRS	33,971	5.458597	5.458597
60	CLINIC	1,042,467	1.724924	1.724924
61	EMERGENCY	200,474	1.470096	1.470096
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	15,441,748		
101	SUBTOTAL	200,474		
102	LESS OBSERVATION BEDS	15,241,274		
103	TOTAL			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
							2,082,924
	ANCILLARY SRVC COST CNTRS	2,082,924	154,229	1,928,695			46,883
37	OPERATING ROOM	46,883	14,526	32,357			1,708,014
39	DELIVERY ROOM & LABOR ROO	1,708,014	71,280	1,636,734			1,396,156
41	RADIOLOGY-DIAGNOSTIC	1,396,156	41,816	1,354,340			28,965
44	LABORATORY	28,965	2,648	26,317			509,988
49	RESPIRATORY THERAPY	509,988	44,901	465,087			96,572
50	PHYSICAL THERAPY	96,572	5,521	91,051			99,440
53	ELECTROCARDIOLOGY	99,440	4,994	94,446			53,658
53	01 CARDIAC REHAB	53,658	3,082	50,576			623,992
53	02 SLEEP LAB	623,992	25,587	598,405			535,202
55	MEDICAL SUPPLIES CHARGED	535,202	19,488	515,714			
56	DRUGS CHARGED TO PATIENTS						185,434
	OUTPAT SERVICE COST CNTRS	185,434	9,820	175,614			1,798,176
60	CLINIC	1,798,176	135,855	1,662,321			294,716
61	EMERGENCY	294,716		294,716			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						9,460,120
65	AMBULANCE SERVICES	9,460,120	533,747	8,926,373			294,716
101	SUBTOTAL	294,716		294,716			9,165,404
102	LESS OBSERVATION BEDS	9,165,404	533,747	8,631,657			
103	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS	2,570,290	.810385	.810385
39	OPERATING ROOM	89,258	.525253	.525253
41	DELIVERY ROOM & LABOR ROO	4,145,375	.412029	.412029
41	RADIOLOGY-DIAGNOSTIC	3,793,055	.368082	.368082
44	LABORATORY	315,596	.091779	.091779
49	RESPIRATORY THERAPY	911,259	.559652	.559652
50	PHYSICAL THERAPY	446,569	.216253	.216253
53	ELECTROCARDIOLOGY	64,952	1.530977	1.530977
53	01 CARDIAC REHAB	171,029	.313736	.313736
53	02 SLEEP LAB	495,852	1.258424	1.258424
55	MEDICAL SUPPLIES CHARGED	1,161,601	.460745	.460745
56	DRUGS CHARGED TO PATIENTS			
	OUTPAT SERVICE COST CNTRS	33,971	5.458597	5.458597
60	CLINIC	1,042,467	1.724924	1.724924
61	EMERGENCY	200,474	1.470096	1.470096
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	15,441,748		
101	SUBTOTAL	200,474		
102	LESS OBSERVATION BEDS	15,241,274		
103	TOTAL			

TITLE XVIII, PART B

HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description		1	1.01	1.02	2	3
(A)	ANCILLARY SRVC COST CNTRS	.810385		.810385		
37	OPERATING ROOM	.525253		.525253		
39	DELIVERY ROOM & LABOR ROOM	.412029		.412029		
41	RADIOLOGY-DIAGNOSTIC	.368082		.368082		
44	LABORATORY	.091779		.091779		
49	RESPIRATORY THERAPY	.559652		.559652		
50	PHYSICAL THERAPY	.216253		.216253		
53	ELECTROCARDIOLOGY	1.530977		1.530977		
53 01	CARDIAC REHAB	.313736		.313736		
53 02	SLEEP LAB	1.258424		1.258424		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.460745		.460745		
56	DRUGS CHARGED TO PATIENTS					
60	OUTPAT SERVICE COST CNTRS	5.458597		5.458597		
61	CLINIC	1.724924		1.724924		
62	EMERGENCY	1.470096		1.470096		
	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
104	PROGRAM ONLY CHARGES					
	NET CHARGES					

TITLE XVIII, PART B		HOSPITAL				
		Other Outpatient Diagnostic	All other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description		4	5	6	7	8
(A)	ANCILLARY SRVC COST CNTRS		500,564			
37	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROOM		1,063,903			
41	RADIOLOGY-DIAGNOSTIC		1,076,964			
44	LABORATORY		29,556			
49	RESPIRATORY THERAPY		206,492			
50	PHYSICAL THERAPY		135,457			
53	ELECTROCARDIOLOGY		34,146			
53 01	CARDIAC REHAB		48,927			
53 02	SLEEP LAB		64,740			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		259,333			
56	DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS		14,901			
60	CLINIC		346,512			
61	EMERGENCY		159,796			
62	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		3,941,291			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES		3,941,291			
104	NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

All Other

Hospital I/P  
Part B Charges

Hospital I/P  
Part B Costs

Cost Center Description	9	10	11
(A) ANCILLARY SRVC COST CNTRS	405,650		
37 OPERATING ROOM			
39 DELIVERY ROOM & LABOR ROOM	438,359		
41 RADIOLOGY-DIAGNOSTIC	396,411		
44 LABORATORY	2,713		
49 RESPIRATORY THERAPY	115,564		
50 PHYSICAL THERAPY	29,293		
53 ELECTROCARDIOLOGY	52,277		
53 01 CARDIAC REHAB	15,350		
53 02 SLEEP LAB	81,470		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	119,486		
56 DRUGS CHARGED TO PATIENTS			
OUTPAT SERVICE COST CNTRS	81,339		
60 CLINIC	597,707		
61 EMERGENCY	234,915		
62 OBSERVATION BEDS (NON-DISTINCT PART)			
OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES	2,570,534		
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES	2,570,534		
104 NET CHARGES			

TITLE XIX - O/P		HOSPITAL		Outpatient Ambulatory Surgical Ctr		Outpatient Radiology		Other Outpatient Diagnostic		All Other (1)			
Cost Center Description		Cost/Charge Ratio (C, Pt I, col. 9)		1		2		3		4		5	
(A)	ANCILLARY SRVC COST CNTRS												
37	OPERATING ROOM		.810385										168,072
39	DELIVERY ROOM & LABOR ROOM		.525253										1,382
41	RADIOLOGY-DIAGNOSTIC		.412029										165,537
44	LABORATORY		.368082										161,716
49	RESPIRATORY THERAPY		.091779										2,957
50	PHYSICAL THERAPY		.559652										22,332
53	ELECTROCARDIOLOGY		.216253										6,694
01 53	CARDIAC REHAB		1.530977										217
02 53	SLEEP LAB		.313736										9,732
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		1.258424										25,427
56	DRUGS CHARGED TO PATIENTS		.460745										32,334
	OUTPAT SERVICE COST CNTRS												
60	CLINIC		5.458597										2,894
61	EMERGENCY		1.724924										129,113
62	OBSERVATION BEDS (NON-DISTINCT PART)		1.470096										10,611
	OTHER REIMBURS COST CNTRS												
65	AMBULANCE SERVICES												
101	SUBTOTAL												739,018
102	CRNA CHARGES												
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES												
104	NET CHARGES												739,018

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XIX - O/P

HOSPITAL

		PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	Cost Center Description	5.01	5.02	5.03	6	7
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY					
53 01	CARDIAC REHAB					
53 02	SLEEP LAB					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					



TITLE XIX - O/P

HOSPITAL

Other  
Outpatient  
Diagnostic

All Other

PPS Services  
FYB to 12/31

Non-PPS  
Services

PPS Services  
1/1 to FYE

Cost Center Description

8

9

9.01

9.02

9.03

(A)	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		136,203		
39	DELIVERY ROOM & LABOR ROOM		726		
41	RADIOLOGY-DIAGNOSTIC		68,206		
44	LABORATORY		59,525		
49	RESPIRATORY THERAPY		271		
50	PHYSICAL THERAPY		12,498		
53	ELECTROCARDIOLOGY		1,448		
53	01 CARDIAC REHAB		332		
53	02 SLEEP LAB		3,053		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		31,998		
56	DRUGS CHARGED TO PATIENTS		14,898		
	OUTPAT SERVICE COST CNTRS				
60	CLINIC		15,797		
61	EMERGENCY		222,710		
62	OBSERVATION BEDS (NON-DISTINCT PART)		15,599		
	OTHER REIMBURS COST CNTRS				
65	AMBULANCE SERVICES		583,264		
101	SUBTOTAL				
102	CRNA CHARGES				
103	LESS PBP CLINIC LAB SVCS-				
	PROGRAM ONLY CHARGES		583,264		
104	NET CHARGES				

TITLE XVIII PART A

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,881
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,380
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,380
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	306
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	139
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	56
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	651
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	306
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	139
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	150.00
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	150.00
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,557,492
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	8,400
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	629,958
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,927,534

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,261,389
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,261,389
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.528104
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	914.05
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,927,534

**HOSPITAL**

PART II - HOSPITAL AND SUBPROVIDERS ONLY

**1**

1,396.76  
909,291

**909,291**

**PROGRAM  
COST  
5**

1  
453,784  
1,363,075

1,363,075

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES  
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES  
52 TOTAL PROGRAM EXCLUDABLE COST  
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
ANESTHETIST, AND MEDICAL EDUCATION COSTS

```

54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 BONUS PAYMENT
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
AND COMPOUNDED BY THE MARKET BASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
BASKET
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
OTHERWISE ENTER ZERO.
58.04 RELIEF PAYMENT
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES AFTER JULY 1
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

```

PROJECT INFORMATION		
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	427,409
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	194,150
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	621,559
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	



TITLE XIX - I/P      HOSPITAL      OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,881
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,380
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,380
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	306
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	139
6	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
7	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	56
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	144
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	150
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	150.00
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	150.00
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	2,557,492
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	8,400
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	629,958
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	1,927,534
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,261,389
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,261,389
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1.528104
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	914.05
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	1,927,534
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

TITLE XIX - I/P HOSPITAL OTHER  
PART II - HOSPITAL AND SUBPROVIDERS ONLY 1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,396.76  
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 201,133  
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 201,133

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)	22,054	150	147.03		
43 INTENSIVE CARE TYPE INPATIENT					
44 HOSPITAL UNITS					
45 INTENSIVE CARE UNIT					
46 CORONARY CARE UNIT					
47 BURN INTENSIVE CARE UNIT					
48 SURGICAL INTENSIVE CARE UNIT					
49 OTHER SPECIAL CARE					1
					148,818
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					349,951
49 TOTAL PROGRAM INPATIENT COSTS					

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES  
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES  
52 TOTAL PROGRAM EXCLUDABLE COST  
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
55 TARGET AMOUNT PER DISCHARGE  
56 TARGET AMOUNT  
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
58 BONUS PAYMENT  
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
AND COMPOUNDED BY THE MARKET BASKET  
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
BASKET  
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
OTHERWISE ENTER ZERO.  
58.04 RELIEF PAYMENT  
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
59.03 PROGRAM DISCHARGES AFTER JULY 1  
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
(SEE INSTRUCTIONS) (LTCH ONLY)  
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
(SEE INSTRUCTIONS) (LTCH ONLY)  
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST  
REPORTING PERIOD (SEE INSTRUCTIONS)  
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST  
REPORTING PERIOD (SEE INSTRUCTIONS)  
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE  
COST REPORTING PERIOD  
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE  
COST REPORTING PERIOD  
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

### COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/26/2007
I	15-1300	I	FROM 5/ 1/2006	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 4/30/2007	I	PART III
I	15-1300	I		I	

TITLE XIX - I/P

**HOSPITAL**

OTHER

## PART III - SKILLED NURSING FACILITY, NURSING FACILITY &amp; ICF/MR ONLY

1

```

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
67 SERVICE COST
68 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
69 PROGRAM ROUTINE SERVICE COST
70 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
71 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
72 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
73 PER DIEM CAPITAL-RELATED COSTS
74 PROGRAM CAPITAL-RELATED COSTS
75 INPATIENT ROUTINE SERVICE COST
76 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
77 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
78 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
79 INPATIENT ROUTINE SERVICE COST LIMITATION
80 REASONABLE INPATIENT ROUTINE SERVICE COSTS
81 PROGRAM INPATIENT ANCILLARY SERVICES
82 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
83 TOTAL PROGRAM INPATIENT OPERATING COSTS

```

#### PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	211
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,396.76
85	OBSERVATION BED COST	294,716

### COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST					
87	NEW CAPITAL-RELATED COST					
88	NON PHYSICIAN ANESTHETIST					
89	MEDICAL EDUCATION					
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII, PART A		HOSPITAL			
WKST A	COST CENTER DESCRIPTION		RATIO COST	INPATIENT	INPATIENT
LINE NO.			TO CHARGES	CHARGES	COST
			1	2	3
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS			571,524	
27	INTENSIVE CARE UNIT				
28	CORONARY CARE UNIT				
29	BURN INTENSIVE CARE UNIT				
37	SURGICAL INTENSIVE CARE UNIT				
39	ANCILLARY SRVC COST CNTRS				
41	OPERATING ROOM		.810385	170,510	138,179
44	DELIVERY ROOM & LABOR ROOM		.525253		
49	RADIOLOGY-DIAGNOSTIC		.412029	140,327	57,819
50	LABORATORY		.368082	219,119	80,654
53	RESPIRATORY THERAPY		.091779	113,763	10,441
53	PHYSICAL THERAPY		.559652	43,351	24,261
53	ELECTROCARDIOLOGY		.216253	30,925	6,688
53	01 CARDIAC REHAB		1.530977		
53	02 SLEEP LAB		.313736		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		1.258424	17,043	21,447
56	DRUGS CHARGED TO PATIENTS		.460745	225,482	103,890
60	OUTPAT SERVICE COST CNTRS				
61	CLINIC		5.458597	46	251
62	EMERGENCY		1.724924	5,707	9,844
65	OBSERVATION BEDS (NON-DISTINCT PART)		1.470096	211	310
101	OTHER REIMBURS COST CNTRS				
102	AMBULANCE SERVICES				
103	TOTAL			966,484	453,784
103	LESS PBP CLINIC LABORATORY SERVICES -				
103	PROGRAM ONLY CHARGES				
103	NET CHARGES			966,484	



## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/26/2007
I	15-1300	I	FROM 5/ 1/2006	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 4/30/2007	I	
I	15-Z300	I		I	

## TITLE XVIII, PART A

## SWING BED SNF

## OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
27	INTENSIVE CARE UNIT			
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
37	SURGICAL INTENSIVE CARE UNIT			
39	ANCILLARY SRVC COST CNTRS			
41	OPERATING ROOM	.810385	7,164	5,806
44	DELIVERY ROOM & LABOR ROOM	.525253		
49	RADIOLOGY-DIAGNOSTIC	.412029	14,982	6,173
50	LABORATORY	.368082	43,896	16,157
53	RESPIRATORY THERAPY	.091779	65,060	5,971
53	PHYSICAL THERAPY	.559652	108,031	60,460
53	ELECTROCARDIOLOGY	.216253	6,972	1,508
53 01	CARDIAC REHAB	1.530977		
53 02	SLEEP LAB	.313736		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.258424	1,598	2,011
56	DRUGS CHARGED TO PATIENTS	.460745	93,554	43,105
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC	5.458597		
62	EMERGENCY	1.724924		
65	OBSERVATION BEDS (NON-DISTINCT PART)	1.470096		
101	OTHER REIMBURS COST CNTRS			
102	AMBULANCE SERVICES			
102	TOTAL		341,257	141,191
103	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		341,257	

## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	9/26/2007
I	15-1300	I	FROM 5/ 1/2006	I	WORKSHEET D-4	
I	COMPONENT NO:	I	TO 4/30/2007	I		
I	15-1300	I		I		

## TITLE XIX

## HOSPITAL

## OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS		111,288	
26	ADULTS & PEDIATRICS			
27	INTENSIVE CARE UNIT			
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
37	ANCILLARY SRVC COST CNTRS			
39	OPERATING ROOM	.810385	90,842	73,617
41	DELIVERY ROOM & LABOR ROOM	.525253	27,796	14,600
44	RADIOLOGY-DIAGNOSTIC	.412029	19,961	8,225
49	LABORATORY	.368082	35,783	13,171
50	RESPIRATORY THERAPY	.091779	11,495	1,055
53	PHYSICAL THERAPY	.559652	3,472	1,943
53	ELECTROCARDIOLOGY	.216253	3,699	800
53	01 CARDIAC REHAB	1.530977		
53	02 SLEEP LAB	.313736		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.258424	10,376	13,057
56	DRUGS CHARGED TO PATIENTS	.460745	38,752	17,855
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC	5.458597		
62	EMERGENCY	1.724924	2,606	4,495
65	OBSERVATION BEDS (NON-DISTINCT PART)	1.470096		
101	OTHER REIMBURS COST CNTRS			
102	AMBULANCE SERVICES		244,782	148,818
103	TOTAL			
	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES		244,782	
	NET CHARGES			

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,570,534
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	2,570,534

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
7	ANCILLARY SERVICE CHARGES	
8	INTERNS AND RESIDENTS SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES	
10	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
13	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
15	RATIO OF LINE 11 TO LINE 12	
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
19	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRU)	2,596,239
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	24,512
18.01	CAH ACTUAL BILLED COINSURANCE	574,007
19	LINE 17.01 (SEE INSTRUCTIONS)	
20	SUBTOTAL (SEE INSTRUCTIONS)	1,997,720
21	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
22	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
23	ESRD DIRECT MEDICAL EDUCATION COSTS	
24	SUBTOTAL	1,997,720
25	PRIMARY PAYER PAYMENTS	4,556
	SUBTOTAL	1,993,164
26	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
27	COMPOSITE RATE ESRD	
27.01	BAD DEBTS (SEE INSTRUCTIONS)	47,392
27.02	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	47,392
28	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	47,392
29	SUBTOTAL	2,040,556
30	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
31	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
32	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
33	SUBTOTAL	2,040,556
34	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
35	INTERIM PAYMENTS	2,140,818
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
36	BALANCE DUE PROVIDER/PROGRAM	-100,262
	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO:	I PERIOD:	I PREPARED 9/26/2007
I 15-1300	I FROM 5/ 1/2006	I WORKSHEET E-1
I COMPONENT NO:	I TO 4/30/2007	
I 15-1300	I	I

## TITLE XVIII

## HOSPITAL

## DESCRIPTION

MM/DD/YYYY	INPATIENT-PART A AMOUNT	PART B MM/DD/YYYY	AMOUNT
1	2	3	4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		724,432	1,921,813
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE	NONE

3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT  
AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM  
RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE  
OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A  
ZERO. (1)

ADJUSTMENTS TO PROVIDER .01	12/14/2006	188,539	12/14/2006	190,621
ADJUSTMENTS TO PROVIDER .02	5/ 3/2007	109,050	5/ 3/2007	28,384
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	11/16/2004		11/16/2004	
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				

SUBTOTAL	.99	297,589		219,005
4 TOTAL INTERIM PAYMENTS		1,022,021		2,140,818

TO BE COMPLETED BY INTERMEDIARY  
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT  
AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.  
IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE

6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER .01			
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM .02			

7 TOTAL MEDICARE PROGRAM LIABILITY

NAME OF INTERMEDIARY:  
INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO:	I PERIOD:	I PREPARED
I 15-1300	I FROM 5/ 1/2006	I 9/26/2007
I COMPONENT NO:	I TO 4/30/2007	I WORKSHEET E-1
I 15-2300	I	I

## TITLE XVIII

## SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		759,346		NONE
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01 11/15/2005			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50 5/ 3/2007	78,762		
ADJUSTMENTS TO PROGRAM	.51 12/14/2006	28,738		
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL		-107,500		NONE
4 TOTAL INTERIM PAYMENTS		651,846		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
TENTATIVE TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER	.01		
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM	.02		
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A 1	PART B 2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	627,775	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	142,603	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	445	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	770,378	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	770,378	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	770,378	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	714	
14	80% OF PART B COSTS		
15	SUBTOTAL	769,664	
16			
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	769,664	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	651,846	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	117,818	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT  
HOSPITAL

1	INPATIENT SERVICES	1,363,075
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	1,363,075
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	1,376,706
COMPUTATION OF LESSER OF COST OR CHARGES		
7	REASONABLE CHARGES	
8	ROUTINE SERVICE CHARGES	
9	ANCILLARY SERVICE CHARGES	
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
11	TEACHING PHYSICIANS	
12	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
13	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
15	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
19	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	1,376,706
20	COST OF COVERED SERVICES	172,176
21	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	
22	EXCESS REASONABLE COST	
23	SUBTOTAL	1,204,530
24	COINSURANCE	238
25	SUBTOTAL	1,204,292
26	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS))	5,870
27	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	5,870
28	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	5,870
29	SUBTOTAL	1,210,162
30	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
31	OTHER ADJUSTMENTS (SPECIFY)	
32	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
33	SUBTOTAL	1,210,162
34	SEQUESTRATION ADJUSTMENT	
35	INTERIM PAYMENTS	1,022,021
36	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
37	BALANCE DUE PROVIDER/PROGRAM	188,141
38	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		349,951	
2	MEDICAL AND OTHER SERVICES		583,264	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		933,215	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS		933,215	
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES		983,800	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		983,800	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		983,800	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		50,585	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		933,215	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		933,215	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE		933,215	
	XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		933,215	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		933,215	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		933,215	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		933,215	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		176,052	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		757,163	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			



## BALANCE SHEET

I  
I  
IPROVIDER NO:  
15-1300I PERIOD:  
I FROM 5/ 1/2006  
I TO 4/30/2007I PREPARED 9/26/2007  
I WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	415,479			
2	TEMPORARY INVESTMENTS	837,444			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	2,004,814			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-140,329			
7	INVENTORY	99,639			
8	PREPAID EXPENSES	165,202			
9	OTHER CURRENT ASSETS	100			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	3,382,349			
FIXED ASSETS					
12	LAND	324,726			
12.01	LAND IMPROVEMENTS				
13	LESS ACCUMULATED DEPRECIATION				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	16,572,811			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	4,456,327			
18.01	LESS ACCUMULATED DEPRECIATION	-1,957,310			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	19,396,554			
OTHER ASSETS					
22	INVESTMENTS	51,879			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS	51,879			
27	TOTAL ASSETS	22,830,782			

## BALANCE SHEET

I  
I  
IPROVIDER NO:  
15-1300

I PERIOD:

I FROM 5/ 1/2006  
I TO 4/30/2007

I PREPARED

9/26/2007

WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	321,438			
29 SALARIES, WAGES & FEES PAYABLE	583,618			
30 PAYROLL TAXES PAYABLE	184,885			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	358,843			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	654,775			
36 TOTAL CURRENT LIABILITIES	2,103,559			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	18,162,006			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	18,162,006			
43 TOTAL LIABILITIES	20,265,565			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	2,565,217			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	2,565,217			
52 TOTAL LIABILITIES AND FUND BALANCES	22,830,782			

		GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		2,457,064		
2	NET INCOME (LOSS)		108,153		
3	TOTAL ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		2,565,217		
4					
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		2,565,217		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		2,565,217		

		ENDOWMENT FUND 5	6	PLANT FUND 7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4					
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
4 00 HOSPITAL	1,545,190		1,545,190
5 00 SWING BED - SNF	132,258		132,258
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	1,677,448		1,677,448
10 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
11 00 INTENSIVE CARE UNIT			
12 00 CORONARY CARE UNIT			
13 00 BURN INTENSIVE CARE UNIT			
15 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	1,677,448		1,677,448
17 00 ANCILLARY SERVICES	2,476,519		2,476,519
18 00 OUTPATIENT SERVICES		12,767,022	12,767,022
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
24 00 PRO FEES		888,546	888,546
25 00 TOTAL PATIENT REVENUES	4,153,967	13,655,568	17,809,535

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	12,985,952
ADD (SPECIFY)	
27 00	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	12,985,952

## STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	9/26/2007
I	15-1300	I	FROM 5/ 1/2006	I	WORKSHEET G-3	
I		I	TO 4/30/2007	I		

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	17,809,535
2	LESS: ALLOWANCES AND DISCOUNTS ON	5,108,346
3	NET PATIENT REVENUES	12,701,189
4	LESS: TOTAL OPERATING EXPENSES	12,985,952
5	NET INCOME FROM SERVICE TO PATIENT	-284,763
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS	1,113,360
25	TOTAL OTHER INCOME	1,113,360
26	TOTAL	828,597
	OTHER EXPENSES	
27	BAD DEBTS	720,444
28		
29		
30	TOTAL OTHER EXPENSES	720,444
31	NET INCOME (OR LOSS) FOR THE PERIO	108,153